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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

|                        |                          |
|------------------------|--------------------------|
| Application Number     | 10/050,373               |
| Filing Date            | January 15, 2002         |
| First Named Inventor   | Gurtej Sandhu, et al. S. |
| Group Art Unit         | 2813                     |
| Examiner Name          | Schillinger, L.          |
| Attorney Docket Number | MI22-1896                |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**NOTE:** 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

**1. Submission required under 37 C.F.R. § 1.114**

a.  Previously submitted

- Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_  
(Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- Other \_\_\_\_\_

b.  Enclosed

- Amendment/Reply Response to March 31, 2003 Final Office Action
- Affidavit(s)/Declaration(s)
- Information Disclosure Statement (IDS) w/Form 1449 and cited art.
- Other PTO Return Postcard

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**2. Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)

b.  Other \_\_\_\_\_

**3. Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. \_\_\_\_\_

- RCE fee required under 37 C.F.R. § 1.17(e) deficiencies only
- Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) deficiencies only
- Other \_\_\_\_\_

b.  Check in the amount of \$750 \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed)

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

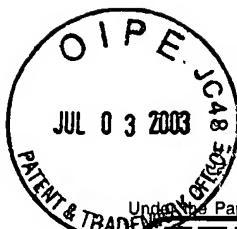
|                   |   |                                   |              |
|-------------------|---|-----------------------------------|--------------|
| Name (Print/Type) | Robert C. Hyte  | Registration No. (Attorney/Agent) | 46,791       |
| Signature         |  | Date                              | July 3, 2003 |

**CERTIFICATE OF MAILING OR TRANSMISSION**

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PTO/SB/17 (12/99)  
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# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$860.00)

|                          |                          |
|--------------------------|--------------------------|
| <b>Complete if Known</b> |                          |
| Application Number       | 10/050,373               |
| Filing Date              | January 15, 2002         |
| First Named Inventor     | Gurtej S. Sandhu, et al. |
| Examiner Name            | Schillinger, L.          |
| Group / Art Unit         | 2813                     |
| Attorney Docket No.      | MI22-1896                |

| <b>METHOD OF PAYMENT</b> (check one)  |                            |  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
|---|----------------------------|--|----------------------------|-----------------|----------|------|-----|----------------------------|-------------|--------------------|-------|---------------------------|--------------|--------------------|-----|--------------------------|------------|----------------------------|----------------------------|----------------------------|----------|-----|-----|-------------------------------|--|-----|----|--|--|-----|-----|---|--|-----|----|---|--|-----|----|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>23-0925</b></p> <p>Deposit Account Name <b>Wells, St. John, P.S.</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required<br/>Under 37 CFR §§ 1.16 and 1.17</p>  |                            |  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  |                            |  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| <b>FEES CALCULATION</b>   |                            |  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201 345 Utility filing fee</td> <td><b>0.00</b></td> </tr> <tr> <td>106</td> <td>310</td> <td>206 155 Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207 240 Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208 345 Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214 75 Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p><b>SUBTOTAL (1) (\$ 0.00)</b></p>  |                            | Large Entity Fee Code (\$)                                       | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101  | 690 | 201 345 Utility filing fee | <b>0.00</b> | 106                | 310   | 206 155 Design filing fee |              | 107                | 480 | 207 240 Plant filing fee |            | 108                        | 690                        | 208 345 Reissue filing fee |          | 114 | 150 | 214 75 Provisional filing fee |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 101   | 690                        | 201 345 Utility filing fee                                       | <b>0.00</b>                |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 106   | 310                        | 206 155 Design filing fee  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 107   | 480                        | 207 240 Plant filing fee   |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 108   | 690                        | 208 345 Reissue filing fee                                       |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 114   | 150                        | 214 75 Provisional filing fee                                    |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>=</td> <td>X</td> <td>= <b>0</b></td> </tr> <tr> <td>Independent Claims</td> <td>- 3**</td> <td>=</td> <td>X = <b>0</b></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>= <b>0</b></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203 9 Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202 39 Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204 130 Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209 39 ** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210 9 ** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p><b>SUBTOTAL (2) (\$ 0.00)</b></p> |                            | Total Claims   | Extra Claims               | Fee from below  | Fee Paid | 20** | =   | X                          | = <b>0</b>  | Independent Claims | - 3** | =                         | X = <b>0</b> | Multiple Dependent |     |                          | = <b>0</b> | Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description            | Fee Paid | 103 | 18  | 203 9 Claims in excess of 20  |  | 102 | 78 | 202 39 Independent claims in excess of 3 |  | 104 | 260 | 204 130 Multiple dependent claim, if not paid |  | 109 | 78 | 209 39 ** Reissue independent claims over original patent |  | 110 | 18 | 210 9 ** Reissue claims in excess of 20 and over original patent |  |
| Total Claims  | Extra Claims               | Fee from below   | Fee Paid                   |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 20**  | =                          | X  | = <b>0</b>                 |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| Independent Claims  | - 3**                      | =  | X = <b>0</b>               |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| Multiple Dependent  |                            |  | = <b>0</b>                 |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 103   | 18                         | 203 9 Claims in excess of 20                                     |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 102   | 78                         | 202 39 Independent claims in excess of 3                         |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 104   | 260                        | 204 130 Multiple dependent claim, if not paid                    |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 109   | 78                         | 209 39 ** Reissue independent claims over original patent        |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| 110   | 18                         | 210 9 ** Reissue claims in excess of 20 and over original patent |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |
| <p>Reduced by Basic Filing Fee Paid <b>(\$ 0.00)</b></p> <p><b>SUBTOTAL (3) (\$ 860.00)</b></p>   |                            |  |                            |                 |          |      |     |                            |             |                    |       |                           |              |                    |     |                          |            |                            |                            |                            |          |     |     |                               |  |     |    |  |  |     |     |   |  |     |    |   |  |     |    |  |  |

|                     |                      |                                   |                     |
|---------------------|----------------------|-----------------------------------|---------------------|
| <b>SUBMITTED BY</b> |                      | <b>Complete if applicable</b>     |                     |
| Name (Print/Type)   | <b>Robert C. Eva</b> | Registration No. (Attorney/Agent) | <b>46,791</b>       |
| Signature           |                      | Telephone                         | <b>509-624-4276</b> |
|                     |                      | Date                              | <b>7/13/03</b>      |

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